



09-25-08
10/830,038

COPC ✓

PTO/SB/21 (08-08)
Approved for use through 09/30/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| | | |
|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | Patent#: 7,405,342 B2 |
| | Filing Date | Issued: July 29, 2008 |
| | First Named Inventor | Robert W. FINBERG |
| | Art Unit | 1632 |
| | Examiner Name | D. Crouch |
| Total Number of Pages in This Submission | Attorney Docket Number | ELI-018 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Correction (1page) Request for Certificate of Correction (Fee Required) (2 pages) Return Receipt Postcard |
| <div>Remarks</div> <div>Certificate of Correction SEP 29 2008</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------------|----------|--------|
| Firm Name | LAHIVE & COCKFIELD, LLP | | |
| Signature | | | |
| Printed name | Megan E. Williams | | |
| Date | September 24, 2008 | Reg. No. | 43,270 |

RECEIVED-10
Patent Section

SEP 29 2008

Express Mail Label No. EM194128244US

Dated: September 24, 2008



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | Patent#: 7,405,342 B2 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | Issued: July 29, 2008 |
| 100.00 | | First Named Inventor | Robert W. FINBERG |
| | | Examiner Name | D. Crouch |
| | | Art Unit | 1632 |
| | | Attorney Docket No. | ELI-018 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 12-0080 |
| Deposit Account Name: Lahive & Cockfield, LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|------------------------------|---|------------------------------|-------------------------|------------------------------|------------------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 |
| Multiple dependent claims | | | | | | | 370 |
| Total Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | /50 = | (round up to a whole number) x | | = | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1811 Certificate of correction | | | | | | | 100.00 |

| | | | |
|---------------------|-------------------|-----------------------------------|--------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 43,270 |
| Name (Print/Type) | Megan E. Williams | Telephone | (617) 994-0761 |
| | | Date | September 24, 2008 |

SEP 29 2008



COPY

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

Complete if Known

| | | |
|--|----------------------|-----------------------|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | Application Number | Patent#: 7,405,342 B2 |
| TOTAL AMOUNT OF PAYMENT | Filing Date | Issued: July 29, 2008 |
| (\$) | First Named Inventor | Robert W. FINBERG |
| 100.00 | Examiner Name | D. Crouch |
| | Art Unit | 1632 |
| | Attorney Docket No. | ELI-018 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: | 12-0080 | Deposit Account Name: | Lahive & Cockfield, LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| | | | |
|--------------|--------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| HP | x | = | |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| HP | x | = | |

HP = highest number of independent claims paid for, if greater than 3.

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| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1811 Certificate of correction

100.00

SUBMITTED BY

| | | | | |
|-------------------|-----------------------------------|--------|--------------------|----------------|
| Signature | Registration No. (Attorney/Agent) | 43,270 | Telephone | (617) 994-0761 |
| Name (Print/Type) | Megan E. Williams | Date | September 24, 2008 | |

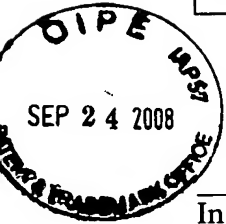
SEP 29 2008

Express Mail Label No. EM194128244US

Dated: September 24, 2008

Express Mail Label No. EM194128244US Dated: September 24, 2008

Docket No.: ELI-018
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Robert W. Finberg

Patent No.: 7,405,342 B2

Issued: July 29, 2008

For: TRANSGENIC MICE EXPRESSING
HETEROLOGOUS COMPLEMENT
RECEPTOR TYPE 1 (CR1) MOLECULES ON
ERYTHROCYTES AND USES THEREFOR

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CERTIFICATE OF CORRECTION
PURSUANT TO 37 CFR 1.323

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted a typographical error which should be corrected. In the Specification:

At page 1, line 9, please insert the following paragraph:

--This invention was made with government support under Grant No. AI049309, awarded by the National Institutes of Health. The government has certain rights in the invention.--

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

SEP 29 2008

The error was found in the application as filed by Applicant. The error now sought to be corrected is an inadvertent typographical error the correction of which does not involve new

09/25/2008 MGE BREM1 00000122 120000 7405342

01 FC:1011

100.00 DA

matter or require reexamination. Please charge our Deposit Account No. 12-0080 in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. ELI-018. A duplicate copy of this paper is enclosed.

Dated: September 24, 2008

Respectfully submitted,

By 

Megan E. Williams

Registration No.: 43,270

LAHIVE & COCKFIELD, LLP

One Post Office Square

Boston, Massachusetts 02109-2127

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant

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PATENT

SEP 29 2008

Express Mail Label No. EM194128244US Dated: September 24, 2008

COPY

Docket No.: ELI-018
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor Letters Patent of:
Robert W. Finberg

Patent No.: 7,405,342 B2

Issued: July 29, 2008

For: TRANSGENIC MICE EXPRESSING
HETEROLOGOUS COMPLEMENT
RECEPTOR TYPE 1 (CR1) MOLECULES ON
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Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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matter or require reexamination. Please charge our Deposit Account No. 12-0080 in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. ELI-018. A duplicate copy of this paper is enclosed.

Dated: September 24, 2008

Respectfully submitted,

By 
Megan E. Williams
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LAHIVE & COCKFIELD, LLP
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(617) 227-7400
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Attorney/Agent For Applicant

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Patent Publication

SEP 29 2008

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

Page 1 of 1

PATENT NO. : 7,405,342 B2
APPLICATION NO. : 10/843,038
ISSUE DATE : July 29, 2008
INVENTOR(S) : Robert W. FINBERG

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In the Specification:

At page 1, line 9, please insert the following paragraph:

This invention was made with government support under Grant No. AI049309, awarded by the National Institutes of Health. The government has certain rights in the invention.

Express Mail Label No. EM194128244US

Dated: September 24, 2008

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Megan E. Williams
LAHIVE & COCKFIELD, LLP
One Post Office Square
Boston, Massachusetts 02109-2127

SEP 29 2008